

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/593650

FILING DATE

13 JUN 2008

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X					
2	X	X				
3	X	X				
4	X	X				
5	X	X				
6	X	X				
7	X	X				
8	X	X				
9	X	X				
10	X	X				
11	X	X				
12	X	X				
13	X	X				
14	X	X				
15	X	X				
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TOTAL IND.	8	↓	3	↓		↓
TOTAL DEP.	12	←	0	←		←
TOTAL CLAIMS	15		3			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						